

Clerk stamps date here when form is filed.

① Your name: \_\_\_\_\_  
 Relationship to child (if any): \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 Lawyer (if any) (name, address, telephone numbers, and State Bar number): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

Fill in case number if known:

**Case Number:**

② ☐ I was not able to provide notice of this petition to the following because I did not know their names or addresses. If this is a request for the case file of a living child, the clerk must serve a copy of the petition. If this is a request for the case file of a deceased child, the custodian of records must serve a copy of the petition.

- a. ☐ County counsel or other attorney representing the child welfare agency if petition filed under section 300
- b. ☐ District attorney if petition filed under section 601 or 602
- c. ☐ Child
- d. ☐ Attorney of record for the child
- e. ☐ Child's parent
- f. ☐ Child's legal guardian
- g. ☐ Probation department if petition filed under section 601 or 602
- h. ☐ Child welfare agency/custodian of records if petition filed under section 300
- i. ☐ Child's identified Indian tribe
- j. ☐ Child's CASA volunteer

③ ☐ Copies of *Request for Disclosure of Juvenile Case File* (JV-570), *Notice of Request for Disclosure of Juvenile Case File* (JV-571), and a blank *Objection to Release of Juvenile Case File* (JV-572) have been placed in a sealed envelope with postage paid and deposited in the United States mail addressed to the following:

- a. ☐ County counsel or other attorney representing the child welfare agency if petition filed under section 300 (name and address): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☐ Date mailed: \_\_\_\_\_ or ☐ Personally served on (date): \_\_\_\_\_



Case Number:

Your name: \_\_\_\_\_

b. ☐ District attorney if petition filed under section 601 or 602 (*name and address*): \_\_\_\_\_

☐ Date mailed: \_\_\_\_\_ or ☐ Personally served on (*date*): \_\_\_\_\_

c. ☐ Child (*name and address*): \_\_\_\_\_

☐ Date mailed: \_\_\_\_\_ or ☐ Personally served on (*date*): \_\_\_\_\_

d. ☐ Attorney of record for the child (*name and address*): \_\_\_\_\_

☐ Date mailed: \_\_\_\_\_ or ☐ Personally served on (*date*): \_\_\_\_\_

e. ☐ Child's parent (*name and address*): \_\_\_\_\_

☐ Date mailed: \_\_\_\_\_ or ☐ Personally served on (*date*): \_\_\_\_\_

f. ☐ Child's parent (*name and address*): \_\_\_\_\_

☐ Date mailed: \_\_\_\_\_ or ☐ Personally served on (*date*): \_\_\_\_\_

g. ☐ Child's legal guardian (*name and address*): \_\_\_\_\_

☐ Date mailed: \_\_\_\_\_ or ☐ Personally served on (*date*): \_\_\_\_\_

h. ☐ Probation department if petition filed under section 601 or 602 (*name and address*): \_\_\_\_\_

☐ Date mailed: \_\_\_\_\_ or ☐ Personally served on (*date*): \_\_\_\_\_

Case Number:

Your name: \_\_\_\_\_

- i. ☐ Child welfare agency/custodian of records if petition filed under section 300 (*name and address*):

\_\_\_\_\_  
\_\_\_\_\_

☐ Date mailed: \_\_\_\_\_ or ☐ Personally served on (*date*): \_\_\_\_\_

- j. ☐ The Indian child's tribal representative (*name and address*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

☐ Date mailed: \_\_\_\_\_ or ☐ Personally served on (*date*): \_\_\_\_\_

- k. ☐ The child's CASA volunteer (*name and address*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

☐ Date mailed: \_\_\_\_\_ or ☐ Personally served on (*date*): \_\_\_\_\_

- 4 I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct. This means that if I lie on this form, I am guilty of a crime.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*

\_\_\_\_\_  
*Sign your name*